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August 2015  
CHRC REQUIRED FOR  
RENEWING LICENSE/CERTIFICATE

IF YOU ARE CURRENTLY DUE TO RENEW YOUR LICENSE OR CERTIFICATE, YOU WILL  
NEED TO COMPLETE A CRIMINAL HISTORY CHECK.

**\*\*\*IF YOU ARE AN OUT OF STATE RENEWAL PLEASE CALL AND REQUEST A RENEWAL  
PACKET, YOU CANNOT USE THIS FORM\*\*\***

THESE ARE INSTRUCTIONS FOR COMPLETING THE STATE & FBI FINGERPRINTS TO  
OBTAIN YOUR CRIMINAL HISTORY CHECK (CHRC). PLEASE READ ALL INSTRUCTIONS  
CAREFULLY. FAILURE TO FOLLOW THE INSTRUCTIONS WILL LEAD TO DELAY OF  
CERTIFICATION OR LICENSURE RENEWAL. IT IS YOUR RESPONSIBILITY TO ENSURE THAT  
THE CORRECT INFORMATION IS RECEIVED.

**INSTRUCTIONS**

- Type or print all information in black ink. Do not sign the form until you are directed to do so by the person obtaining the prints.
- Your license or certificate will not be updated or renewed until you have submitted to MBON a receipt of having started the criminal history records check.
- If you are currently in a Non-Renewed status for over a year, you will need to complete a criminal history check.

**VERIFICATION THAT ELECTRONIC FINGERPRINTS WERE TAKEN:**

- Your electronic receipt serves this purpose. If in doubt, check the FAQs on the Board's website <http://mbon.maryland.gov/Pages/CHRC-FAQ's.aspx>

**COMPLETING THE LIVESCAN PRE-REGISTRATION APPLICATION**

1. Take a copy of the LiveScan Pre-Registration Application (last page of this document) and at least one of the following proper forms of identification with you. Document must be a current:
  - ✓ Maryland driver's license
  - ✓ Another state or country driver's license

- ✓ Identification card issued by a state or local governmental agency, the District of Columbia, a United States territory, or a foreign government
  - ✓ Passport
  - ✓ Certificate of U.S. citizenship
  - ✓ Alien registration card
2. **When you get your fingerprints done, you will receive a printed receipt with your name, date of print, transaction/reference number and signature of person taking print.**
  3. **Put your license or certificate number on the printed receipt and fax it to (410) 358-3530, Attn: Rowena McCoy.**
  4. **Complete your online renewal application.**

### **IF YOU HAVE ANY QUESTIONS**

- **Consult MBON's website for the updated status of your certificate/license, or**
- **Consult MBON's website for CHRC process questions online:**  
<http://mbon.maryland.gov/Pages/CHRC-FAQ's.aspx>
- **If you have questions about the CHRC results after 2-weeks processing time, you may contact the appropriate Administrative Specialist via email:**  
**If your last name begins with:**  
**A - G** contact Kevin Turner: [kturner@maryland.gov](mailto:kturner@maryland.gov)  
**H - M** contact Jeff Odin: [jeff.odin@maryland.gov](mailto:jeff.odin@maryland.gov)  
**N - Z** contact Tomika Taylor: [tomika.taylor@maryland.gov](mailto:tomika.taylor@maryland.gov)  
***Leave your full name, contact information, telephone number, SSN, License/certificate number, and tracking number.***
- **For CJIS Customer Service Desk call 410-764-4501 or 1-888-795-0011; 8a to 5p Monday – Friday.**



**STATE OF MARYLAND**  
**DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES**  
**CRIMINAL JUSTICE INFORMATION SYSTEMS – CENTRAL REPOSITORY**

**LIVESCAN PRE-REGISTRATION APPLICATION**

**APPLICANT INFORMATION** *(PLEASE TYPE OR PRINT CLEARLY)*

Name:					
Date of birth:		SSN:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <i>(Please check)</i>	
Height:	ft.	inches	Weight:	lbs.	Eye Color:
Race: <input type="checkbox"/> Black		<input type="checkbox"/> White	<input type="checkbox"/> Asian/Pacific Islander		<input type="checkbox"/> Native American
					<input type="checkbox"/> Other <i>(Please check)</i>
Place of Birth:				Citizenship:	
Current address:					
City:			State:		ZIP Code: -
Daytime Phone:		Evening Phone:		Driver's License #:	

**AGENCY INFORMATION**

Agency Authorization #: 0900006155	
ORI # (if required): MD920499Z	Reason fingerprinted? State & FBI-CNA- R
Position Applied for: MD Ann Code Health Occ §§8-303, 8-6A	
Request Type: <i>(Choose one ONLY)</i> <input type="checkbox"/> Adult Dependent Care <input type="checkbox"/> Attorney/Client <input type="checkbox"/> Child care <input type="checkbox"/> Criminal Justice <input type="checkbox"/> Gold Seal/ Adoption <input type="checkbox"/> Gold Seal/Letter/VISA <input type="checkbox"/> Government Employment	<input type="checkbox"/> Government Licensing or Certification <input type="checkbox"/> Immigration/VISA <input type="checkbox"/> Individual Challenge <input type="checkbox"/> Individual Review <input type="checkbox"/> MSP Licensing <input type="checkbox"/> Private Party Petition <input type="checkbox"/> Public Housing

**Mail Response to:**

(Mailing option only available for Visa Gold Seal and/or Individual Review)

Name:
Address:
City, State, Zip code: